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APPLICANTS

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** CONTINUING DATA ***** **NONE**
LUA.

** FOREIGN APPLICATIONS ***** **NONE**
L.M.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 2821	INDEPENDENT CLAIMS 84
Verified and Acknowledged	Examiner's Signature <i>Ray F. Lee</i> Initials L.M.A.				

ADDRESS

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TITLE

Multiple channel, microstrip transceiver volume array for magnetic resonance imaging

FILING FEE RECEIVED 1016	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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